



Thank you for wanting to take me home!
 HUMANE SOCIETY OF NORTH CENTRAL IOWA (HSNCI)
ADOPTION APPLICATION



For: _____

I'm all excited about going home with you, but first, my human friends here at the shelter want to know more about you and the kind of life we'll have together. They just want to make sure that you'll take good care of me. I'll need regular veterinary care, regular, nutritious meals, shelter, supervision and lots of attention.

- | | |
|--|---|
| <input type="checkbox"/> Are you at least 18 years old? | <input type="checkbox"/> Can you provide your landlord's name & phone number? |
| <input type="checkbox"/> Do you have valid ID with your current address? | <input type="checkbox"/> Will you have me spayed or neutered according to Iowa law by the agreed upon date? |
| <input type="checkbox"/> Will you make sure all the adults in your house know about me and agree that I can live with you? | <input type="checkbox"/> Are there other animals who will live with us? |

The HSNCI reserves the right to refuse any pet adoption. The HSNCI makes no guarantees whatsoever regarding the health, temperament, mental disposition and training of the pet identified above.

| | | | |
|-----------------------------------|--------------------------|--|--------------------------|
| _____ Name | _____ date | _____ Name | _____ date |
| _____ Address | | _____ Address | |
| _____ City, State and Zip Code | | _____ City, State and Zip Code | |
| _____ Primary phone | _____ Secondary phone | _____ Primary phone | _____ Secondary phone |
| _____ e-mail address | | _____ e-mail address | |
| ___ Homeowner ___ Renter | | _____ Name and phone number of landlord | |

| | | |
|-------------------------|------------------------|--|
| _____ Veterinarian | _____ Phone | _____ Probable Veterinarian if don't have one now |
| Nearest relative: _____ | | |
| _____ Name | _____ Address | |
| _____ Phone # | _____ Email, if any | |

____ I/We have/have not (circle one) adopted from this or other shelters before.
 ____ You have my permission to call my landlord and veterinarian as part of this application process.

If my application for adoption is approved, I promise to provide a loving, caring, healthy and safe home for our new companion animal who will become an integral part of our family. Should our situation change, we will either find an equally good home or bring him/her back to an animal shelter and pay the incoming fee, if any. **We promise not to use any shelter animal for breeding purposes and understand that if we fail to provide you with proof that our new pet has been spayed or neutered by the date spelled out in the adoption agreement that we will be prosecuted to the full extent of the law AND may have to surrender our new pet back to you.**

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**HUMANE SOCIETY OF NORTH CENTRAL IOWA
ADOPTION AGREEMENT, RECEIPT AND FUTURE INVOLVEMENT OPPORTUNITIES**

_____ is going home with me/us on a ___3-day trial or ___permanent adoption. I/we understand that we can return our new pet within the first 3 days (by __/__/__) if there are problems we didn't anticipate. I/we understand that we can return our new pet within 5 business days (by __/__/__) if our veterinarian indicates there are health problems we can't or don't want to take care of or that were not disclosed to us.

If we keep our new pet beyond the timeframes listed above, we hold the shelter harmless for any existing or new health or obedience issues that develop.

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| Less deposit (if applicable) | \$ _____ | |
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Signature _____ date _____ Signature _____ date _____

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| | | | |
|--------------------|---------------|--------------------|---------------|
| _____ Signature | _____ date | _____ Signature | _____ date |
|--------------------|---------------|--------------------|---------------|

**HUMANE SOCIETY OF NORTH CENTRAL IOWA
ADOPTION AGREEMENT, RECEIPT AND FUTURE INVOLVEMENT OPPORTUNITIES**

_____ is going home with me/us on a ___3-day trial or ___permanent adoption. I/we understand that we can return our new pet within the first 3 days (by __/__/__) if there are problems we didn't anticipate. I/we understand that we can return our new pet within 5 business days (by __/__/__) if our veterinarian indicates there are health problems we can't or don't want to take care of or that were not disclosed to us.

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| Less deposit (if applicable) | \$ _____ | |
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Signature _____ date _____ Signature _____ date _____

Received from _____ in the form of cash/check/credit or debit card in the amount of \$ _____

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| _____ Address | | _____ Address | |
| _____ City, State and Zip Code | | _____ City, State and Zip Code | |
| _____ Primary phone | _____ Secondary phone | _____ Primary phone | _____ Secondary phone |
| _____ e-mail address | | _____ e-mail address | |
| ___ Homeowner ___ Renter | | _____ Name and phone number of landlord | |

| | | |
|-------------------------|------------------------|--|
| _____ Veterinarian | _____ Phone | _____ Probable Veterinarian if don't have one now |
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| _____ Address | | _____ Address | |
| _____ City, State and Zip Code | | _____ City, State and Zip Code | |
| _____ Primary phone | _____ Secondary phone | _____ Primary phone | _____ Secondary phone |
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| | | |
|-------------------------|------------------------|--|
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| _____ Address | | _____ Address | |
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Special diet, if applicable: _____ has been eating _____

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We acknowledge the receipt of and agree to the conditions outlined above. If we are doing a 3-day trial, we agree to pay the balance due with a check, cash or an additional charge from my credit or debit card.

| | | |
|------------------------------|----------|--|
| Adoption Fee | \$ _____ | If our new pet has not been neutered, the neutering fee is included in the adoption fee. We understand that we must prove UNDER PENALTY OF LAW that our pet has been neutered by the agreed upon date stated above. |
| Less deposit (if applicable) | \$ _____ | |
| TOTAL | \$ _____ | |

Signature _____ date _____ Signature _____ date _____

Received from _____ in the form of cash/check/credit or debit card in the amount of \$ _____

Shelter employee _____ Date _____

Thank you for taking me home. Would you like to help my furry friends who are still in the shelter? Thank you!

We understand that the Humane Society of North Central Iowa relies solely on adoption fees, donations, fund-raisers and grants and that they are in the process of building a new facility. These are the areas in which I/we can help. *Please check all that apply.*

- _____ Refer others that have expressed an interest in obtaining a new companion animal
- _____ Volunteer at the shelter OR _____ provide labor or materials for the new shelter
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- _____ Other _____

Preferred method of receiving newsletters ___mail ___email



Thank you for wanting to take me home!
 HUMANE SOCIETY OF NORTH CENTRAL IOWA (HSNCI)
ADOPTION APPLICATION



For: _____

I'm all excited about going home with you, but first, my human friends here at the shelter want to know more about you and the kind of life we'll have together. They just want to make sure that you'll take good care of me. I'll need regular veterinary care, regular, nutritious meals, shelter, supervision and lots of attention.

- | | |
|--|---|
| <input type="checkbox"/> Are you at least 18 years old? | <input type="checkbox"/> Can you provide your landlord's name & phone number? |
| <input type="checkbox"/> Do you have valid ID with your current address? | <input type="checkbox"/> Will you have me spayed or neutered according to Iowa law by the agreed upon date? |
| <input type="checkbox"/> Will you make sure all the adults in your house know about me and agree that I can live with you? | <input type="checkbox"/> Are there other animals who will live with us? |

The HSNCI reserves the right to refuse any pet adoption. The HSNCI makes no guarantees whatsoever regarding the health, temperament, mental disposition and training of the pet identified above.

Name

date

Name

date

Address

Address

City, State and Zip Code

City, State and Zip Code

Primary phone

Secondary phone

Primary phone

Secondary phone

e-mail address

e-mail address

___ Homeowner ___ Renter _____

Name and phone number of landlord

Veterinarian

Phone

Probable Veterinarian if don't have one now

Nearest relative: _____

Name

Address

Phone #

Email, if any

___ I/We have/have not (circle one) adopted from this or other shelters before.

___ You have my permission to call my landlord and veterinarian as part of this application process.

If my application for adoption is approved, I promise to provide a loving, caring, healthy and safe home for our new companion animal who will become an integral part of our family. Should our situation change, we will either find an equally good home or bring him/her back to an animal shelter and pay the incoming fee, if any. **We promise not to use any shelter animal for breeding purposes and understand that if we fail to provide you with proof that our new pet has been spayed or neutered by the date spelled out in the adoption agreement that we will be prosecuted to the full extent of the law AND may have to surrender our new pet back to you.**

Signature

date

Signature

date

**HUMANE SOCIETY OF NORTH CENTRAL IOWA
ADOPTION AGREEMENT, RECEIPT AND FUTURE INVOLVEMENT OPPORTUNITIES**

_____ is going home with me/us on a ___3-day trial or ___permanent adoption. I/we understand that we can return our new pet within the first 3 days (by __/__/__) if there are problems we didn't anticipate. I/we understand that we can return our new pet within 5 business days (by __/__/__) if our veterinarian indicates there are health problems we can't or don't want to take care of or that were not disclosed to us.

If we keep our new pet beyond the timeframes listed above, we hold the shelter harmless for any existing or new health or obedience issues that develop.

___We have been provided a medical history (if known) and an immunization history from the shelter.
___Our new pet has already been spayed or neutered OR ___we agree to have the appropriate procedure done by __/__/__ and will provide proof from our veterinarian.

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| | | | |
|-----------------------------------|--------------------------|--|--------------------------|
| _____ Name | _____ date | _____ Name | _____ date |
| _____ Address | | _____ Address | |
| _____ City, State and Zip Code | | _____ City, State and Zip Code | |
| _____ Primary phone | _____ Secondary phone | _____ Primary phone | _____ Secondary phone |
| _____ e-mail address | | _____ e-mail address | |
| ___ Homeowner ___ Renter | | _____ Name and phone number of landlord | |

| | | |
|-------------------------|------------------------|--|
| _____ Veterinarian | _____ Phone | _____ Probable Veterinarian if don't have one now |
| Nearest relative: _____ | | |
| _____ Name | _____ Address | |
| _____ Phone # | _____ Email, if any | |

_____ I/We have/have not (circle one) adopted from this or other shelters before.
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